Addressing a National Crisis
Too Many People with Mental Illnesses in our Jails

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March 12, 2019 | Douglas County, KS
1. Is your leadership committed?

2. Do you have timely screening and assessment?

3. Do you have baseline data?

4. Have you conducted a comprehensive process analysis and service inventory?

5. Have you prioritized policy, practice, and funding?

6. Do you track progress?
Strategies Must Focus on Four Key Outcomes

1. Reduce the number of people with SMI and SUD *booked* into jails
2. Shorten the *length of stay* in jails for people with SMI and SUD
3. Increase the percentage of people *connected to treatment*
4. Reduce rates of *recidivism*
Initial Data Review

Data Reviewed from Douglas County Sheriff’s Office and Criminal Justice Services

- **LSIR – Community Corrections** (Oct 2017 to Dec 2017)
- **LSIR – District Court** (Jan 2017 to Dec 2017)
- **Booking Report** (Jan 2015 – Dec 2017)
- **CAGE-AID substance use screen** (Jan 2017 – Dec 2017)
- **Serious Mental Illness (SMI) Confirmations** (Jan 2017 to Dec 2017)
- **All Mental Health Flags** (ever)

Additional data we will review:

1. Recidivism by release type and LOS
2. Number of SMI and MH Flags booked more than once
3. How much cumulative time people with SMI and MH spent in the year
4. Additional deep dive into Failure to Appear rates
Failure to Appear is the Top Charge for People Booked into Jail in 2017

<table>
<thead>
<tr>
<th>Top Charges – SMI Flag</th>
<th>N = 467</th>
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<tbody>
<tr>
<td>Failure to Appear</td>
<td>169</td>
</tr>
<tr>
<td>Probation Violation</td>
<td>45</td>
</tr>
<tr>
<td>Domestic Battery</td>
<td>38</td>
</tr>
<tr>
<td>Municipal/County Violation – Other Offense</td>
<td>34</td>
</tr>
<tr>
<td>Criminal Trespassing</td>
<td>13</td>
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<table>
<thead>
<tr>
<th>Top Charges – MH Flag</th>
<th>N = 1,623</th>
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<tbody>
<tr>
<td>Failure to Appear</td>
<td>478</td>
</tr>
<tr>
<td>Municipal/County Violation – Other Offense</td>
<td>181</td>
</tr>
<tr>
<td>Domestic Battery</td>
<td>141</td>
</tr>
<tr>
<td>Probation Violation</td>
<td>137</td>
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<tr>
<td>Driving Under the Influence – 1st</td>
<td>75</td>
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<table>
<thead>
<tr>
<th>Top Charges – No Flag</th>
<th>N = 3,263</th>
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<tr>
<td>Failure to Appear</td>
<td>885</td>
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<tr>
<td>Driving Under the Influence</td>
<td>433</td>
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<tr>
<td>Municipal/County Violation – Other Offense</td>
<td>331</td>
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<tr>
<td>Domestic Battery</td>
<td>211</td>
</tr>
<tr>
<td>Probation Violation</td>
<td>108</td>
</tr>
</tbody>
</table>

Percent of Probation Violations That Are Technical, 2017*

![Bar chart showing the percentage of technical violations for SMI, MH, and No Flags.]

*Probation violations without other charges are thought to be technical violations.
Average length of stay for bookings for people with an SMI Flag was 17 days longer than those with no SMI or MH Flag.
The Average Length of Stay for People Booked by DCSO Decreased between 2016 and 2017

Average Length of stay for people with a MH Flag was 6 days longer in 2016 than 2017
ALOS for Medium-Risk People with the SMI Flag is More than Twice the ALOS for People with No Flag

<table>
<thead>
<tr>
<th>Flag</th>
<th>Minimum</th>
<th>Medium</th>
<th>Maximum</th>
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<tbody>
<tr>
<td>MH Flag</td>
<td>5.0</td>
<td>10.5</td>
<td>23.3</td>
</tr>
<tr>
<td>No Flag</td>
<td>3.6</td>
<td>12.0</td>
<td>6.5</td>
</tr>
<tr>
<td>SMI Flag</td>
<td>26.9</td>
<td></td>
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<thead>
<tr>
<th></th>
<th>0</th>
<th>21</th>
<th>61</th>
<th>17</th>
<th>48</th>
<th>56</th>
<th>4</th>
<th>12</th>
<th>10</th>
</tr>
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<tbody>
<tr>
<td>Minimum</td>
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<td></td>
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<tr>
<td>Medium</td>
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<tr>
<td>Maximum</td>
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48% of People with SMI Returned to DCSO Within 6 Months of Release

return to jail rate for people released, January to June 2017

- SMI Flag: 162 people, 78% returned
- MH Flag: 688 people, 30% returned
- No Flag: 1,428 people, 20% returned
- Total: 2,279 people, 25% returned

30 returned for failure to appear
People with serious mental illnesses who are incarcerated in jail present with complex challenges that make it more likely that they will stay longer in jail and return to incarceration more often.

- Three times as likely to have a co-occurring substance use disorders
- Twice as likely to have been homeless in the past year
- Four times as likely to have histories of past physical or sexual abuse
- Four times as likely to be charged with violating facility rules
- Three times as likely to be injured in a fight during incarceration
- 38% more likely to have community supervision revoked

A Framework for Prioritizing Resources

Subgrouping A

Low Criminogenic Risk (low)
- Low Severity of Substance Abuse (low)
- Low Severity of Mental Illness (low)

Subgrouping A Low criminogenic risk/ some significant BH treatment needs

Divert from criminal justice system without intensive community supervision if connected to appropriate treatment and supports

Subgrouping B

Medium to High Criminogenic Risk (med/high)
- Low Severity of Substance Abuse (low)
- Serious Mental Illness (med/high)

Subgrouping B High criminogenic risk/ some significant BH treatment needs

Prioritize for intensive supervision (in lieu of incarceration or as condition of release) coordinated with appropriate treatment and supports
Access: Individuals with complex needs and requires a broad range of supports and services to overcome barriers and to address criminogenic and behavioral health needs.

Common Access Challenges:
- Funding limitations
- Practical barriers (transportation, housing, etc.)
- Workforce and capacity shortages
- Waiting lists
- Provider reluctance
- Reimbursement rates
- Regional shortages
Reducing Recidivism through Improved Probation Practices

Targeted Supervision and Care Approaches Based on Risk-Need Assessment

Addressing Technical Violations (e.g., Graduated Sanctions and Incentives)
Preliminary Recommendations

• Recommendation 1: Support law enforcement to improve responses to people who have mental health needs and develop opportunities to divert people who have mental health needs to treatment, when appropriate.

• Recommendation 2: Ensure that everyone at pretrial receives a validated pretrial risk assessment to inform pretrial release and supervision decisions, and people with SMI are connected to treatment services upon their release.
Preliminary Recommendations

• Recommendation 3: Use the results of mental health screenings and substance use screenings to inform decisions about the need for further clinical assessment by a mental health professional and substance use treatment professional, Douglas County Jail population management, the delivery of behavioral health care services within the Douglas County Jail, and reentry planning.

• Recommendation 4: Increase the county’s ability to connect or reconnect people who have SMI to community-based treatment upon their release.
Preliminary Recommendations

• Recommendation 5: Enhance capacity to provide community-based behavioral health care for people released from Douglas County Jail who have SMI.

• Recommendation 6: Develop a plan to increase successful completion of supervision and minimize supervision revocations for people who have SMI.

• Recommendation 7: Track the implementation of programs along the four key measures—(1) the prevalence of people with SMI in the DCJ; (2) their average length of stay in jail; (3) how many are connected to treatment in the community; and (4) their recidivism rates—and develop a process for ongoing system analysis and outcome measurement.
Next Steps for Douglas County

- Complete data analyses (DCCCA, LSIR Data)
- Finalize recommendations
- Develop prioritized action
- May 14 Douglas County Day of Action
- Review of report by BJA
Step Up Your Efforts

• Fill out the Stepping Up County Self-Assessment to identify existing gaps in your efforts;
• Pick at least one priority for your county to fully implement by July 1, 2019;
• Leverage the Stepping Up Resources Toolkit to reach your goals;
• Participate in the Stepping Up Month of Action in May (details coming soon); and
• Be ready to share your accomplishments at the National Association of Counties Annual Conference in July.